Georgia Department of Community Health

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835 Health Care Claim Payment and Remittance Advice Companion Guide 004010 X091A1

Georgia Medicaid Management Information System
Fiscal Agent Services Project

Version 1.6

Disclaimer: The information contained in this Companion Guide is subject to change. EDI submitters are advised to check the Provider Pre-Readiness site http://providerinfo.mmis.georgia.gov/providerprereadiness/home.aspx) regularly for the latest updates before and after go-live.

Document Control

Modification Log

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0.3	12/22/2009	Elaine Selfridge	Updated per GAMMIS standards.
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1.4	08/26/2010	Kim White	Section 2: Added website information Section 4: Added contact information
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1.6	10/01/2010	Kim White	ISA08: Modified to reflect value will be Payee Provider ID

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1 Introduction

The Health Insurance Portability and Accountability Act (HIPAA) requires that Medicaid and all other health insurance payers in the United States comply with the EDI standards for health care as established by the Secretary of Health Services. The ANSI X12N implementation guides have been established as the standards of compliance for claim transactions.

The following information is intended to serve only as a companion guide to the HIPAA ANSI X12N implementation guides. The use of this guide is solely for the purpose of clarification. The information describes specific requirements to be used for processing data. This companion guide supplements, but does not contradict any requirements in the X12N implementation guide. Additional companion guides/trading partner agreements will be developed for use with other HIPAA standards, as they become available.

Additional information on the *Final Rule for Standards for Electronic Transactions* can be found at http://aspe.hhs.gov/admnsimp/final/txfin00.htm. The HIPAA Implementation Guides can be accessed at http://www.wpc-edi.com/hipaa/HIPAA_40.asp.

1.1 Purpose

According to HIPAA regulations, the 835 Transaction Set can be used to make a payment, send an Explanation of Benefits (EOB) remittance advice, or make a payment and send an EOB remittance advice.

It is mandatory under HIPAA that the Georgia Department of Community Health (DCH) be able to generate this transaction set to report on Payment and Remittance Information.

HP and DCH have indicated at a "quick glance" items that have changed between the current fiscal agent and the new fiscal. Those items are highlight for easy identification.

1.2 Special Considerations for 835 Transactions

1. **Subscriber, Insured = Member in the Georgia Medicaid Eligibility Verification System:**

   The Georgia Medicaid Eligibility Verification System does not allow for dependents to be enrolled under a primary subscriber, rather all enrollees/members are primary subscribers within each program or Managed Care Organization.

2. **Provider Identification = Georgia Department of Community Health Medicaid ID or NPI:**

   Value contained within the 1000B (Payee Identification) Loop sent on the 835, will contain either the NPI or Provider Tax ID. The Georgia Medicaid Provider Number may be returned in the 1000B-REF02, where REF01=1D.

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2 Transmission and Data Retrieval Methods

HP Enterprise Services supports several types of data transport depending upon the provider's, trading partners or billing agent's needs. Providers and their representatives submit and receive data using: Web Portal, Remote Access Server (RAS) and/or Secure File Transfer Protocol (SFTP).

1. Web portal: Data is transmitted using the secure Web Portal. The Web Portal is normally available to customers 24 hours per day, seven days per week with the exception of scheduled maintenance. The GAMMIS Web Portal (as a single gateway) is an important tool providing general and program specific information and links to other programs, applications, related agencies, and resources. The Web Portal has both secure (intranet) and non-secure (public internet) areas.

2. Remote Access Server (RAS): The RAS enables providers to access all options of the secure Web portal without the use of an Internet Service Provider. This option is available to users who do not have an existing Internet connection. The RAS server typically supports users that need a dial-up option. Trading partner data transmitted using the RAS can be transmitted the same as the Internet secure site using DDE or upload batch transactions.

   After the connection is established, the landing page is presented. A user either logs on and is presented with their secure provider page, or selects 'register' if they are a first-time user.

   Once logged on, the user will have access to the various secure Web portal options, including File Upload and File Download for EDI transactions.

3. Secure File Transfer Protocol (SFTP): SFTP uses Secure Shell (SSH) to encrypt and then securely transmit data across a potentially unsecured connection. Functionally SFTP (required) is similar to FTP, but offers protection to sensitive data. Secure Shell or SSH is a network protocol that allows data to be exchanged using a secure channel between two networked devices.

   This option allows provider, vendors, and all other trading partners to transfer claim files to HP Enterprise Services using the secure file transfer protocol server. Trading partners must notify us specifically if wishing to use this transmission method to transmit files.

   HP Enterprise Services requires that the SFTP submitters send their public key and HP Enterprise Services exchanges its public key with the submitter for encryption purposes. HP Enterprise Services will setup a username and password for the submitter to access the server.

Detailed information to assist with EDI related processes are available on the Provider Public Web site at: www.mmis.georgia.gov.

2.1 File/System Specifications

835 transactions that are generated will be in a zip file. There will be one (1) X12N 835 transaction within the zip file. The naming of the zip file will be the same as the file within the zip file with the exception of the .zip extension.

File Name Format for Outbound 835

BatchID_TransactionType_FileName_ProviderNumber_Sequence Number_ProcessDate.out

- BatchID = File ID assigned during EDI processing
- Transaction Type = 835X12BATCH
- ERA835 = File name assigned by financial
- Provider ID = XXXXXXXXXA
- Sequence Number = 001. Would increment by 1 if financial has to do any type of reprocessing
- Process Date = Date when 835 process ran within financial, CCYYMMDD format

The Web portal is designed, but not limited to support the following Internet browsers:

1. Internet Explorer, version 6 or later
2. Firefox, version 1.5 or later

3 Transmission Responses

The 835 is an outbound transaction and there are no associated responses.

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4 EDI Support

The HP Enterprise Services EDI Service Team is available to support trading partners and providers that exchange transactions electronically. Support functions include:

1. Enrollment processing for trading partners requesting to submit transactions electronically
2. Installation assistance and submission support for Provider Electronic Solutions (PES) software
3. Provide assistance to billing agents, clearinghouses and software vendors
4. Identifying and troubleshooting technical issues
5. Data Exchange help

The EDI staff will be available Monday through Friday 8:00 a.m. to 5:00 p.m. EST by calling 877-261-8785 or 770-325-9590.

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5 Control Segment Definitions for GEORGIA Medicaid 835 Transaction

Note the page numbers listed below in each of the tables represent the corresponding page number in the X12N 835 HIPAA Implementation Guide.

X12N EDI Control Segments
ISA – Interchange Control Header Segment
IEA – Interchange Control Trailer Segment
GS – Functional Group Header Segment
GE – Functional Group Trailer Segment
ST – Transaction Set Header
SE – Transaction Set Trailer

5.1 ISA - Interchange Control Header Segment

Communications transport protocol interchange control header segment. This segment within the X12N implementation guide identifies the start of an interchange of zero or more functional groups and interchange-related control segments. This segment may be thought of traditionally as the file header record.

835 Health Care Claim Payment and Remittance Advice				
Page	**Loop**	**Segment**	**Data Element**	**Comments**
B.3	N/A	ISA	ISA01 - Authorization Information Qualifier	'00' – No Authorization Information Present
B.3	N/A	ISA	ISA02 - Authorization Information	[space fill]
B.4	N/A	ISA	ISA03 - Security Information Qualifier	'00' – No Security Information Present
B.4	N/A	ISA	ISA04 - Security Information	[space fill]
B.4	N/A	ISA	ISA05 - Interchange ID Qualifier	'ZZ' – Mutually Defined
B.4	N/A	ISA	ISA06 - Interchange Sender ID	'**77034**' – GA MMIS Trading Partner ID. Left justified and space filled.

835 Health Care Claim Payment and Remittance Advice				
Page	**Loop**	**Segment**	**Data Element**	**Comments**
				Note: Current system this value was 100000.
B.4	N/A	ISA	ISA07 - Interchange ID Qualifier	'ZZ' – Mutually Defined
B.5	N/A	ISA	ISA08 - Interchange Receiver ID	'Payee Provider ID' Supplied by Georgia Medicaid left justified and space filled.
B.5	N/A	ISA	ISA09 - Interchange Date	The date format is YYMMDD
B.5	N/A	ISA	ISA10 - Interchange Time	The time format is HHMM
B.5	N/A	ISA	ISA11 - Interchange Control Standards Identifier	'U' – Interchange Control Standards Identifier
B.5	N/A	ISA	ISA12 - Interchange Control Version Number	'00401' – Control Version Number
B.5	N/A	ISA	ISA13 - Interchange Control Number	Interchange Unique Control Number
B.6	N/A	ISA	ISA14 - Acknowledgment Requested	'0' – No Acknowledgement Requested
B.6	N/A	ISA	ISA15 - Usage Indicator	'T' - Test Data 'P' - Production Data
B.6	N/A	ISA	ISA16 - Component Element Separator	':' – Component Element Separator

5.2 IEA - Interchange Control Trailer

Communications transport protocol interchange control trailer segment. This segment within the X12N implementation guide defines the end of an interchange of zero or more functional groups and interchange-related control segments. This segment may be thought of traditionally as the file trailer record.

835 Health Care Claim Payment and Remittance Advice				
Page	**Loop**	**Segment**	**Data Element**	**Comments**
B.7	N/A	IEA	IEA01 - Number of Included Functional Groups	Number of included Functional Groups
B.7	N/A	IEA	IEA02 - Interchange Control Number	Must be identical to the value in ISA13.

5.3 GS – Functional Group Header

Communications transport protocol functional group header segment. This segment within the X12N implementation guide indicates the beginning of a functional group and provides control information concerning the batch of transactions. This segment may be thought of traditionally as the batch header record.

835 Health Care Claim Payment and Remittance Advice				
Page	**Loop**	**Segment**	**Data Element**	**Comments**
B.8	N/A	GS	GS01 - Functional ID Code	'HP' – Health Care Claim Payment/Advice (835)
B.8	N/A	GS	GS02 - Application Sender's Code	This will be equal to the value in ISA06.
B.8	N/A	GS	GS03 - Application Receiver's Code	This will be equal to the value in ISA08.
B.8	N/A	GS	GS04 - Date	The date format is CCYYMMDD.
B.8	N/A	GS	GS05 – Time	The time format is HHMM.
B.9	N/A	GS	GS06 - Group Control Number	Group Control Number

835 Health Care Claim Payment and Remittance Advice				
Page	**Loop**	**Segment**	**Data Element**	**Comments**
B.9	N/A	GS	GS07 - Responsible Agency Code	'X' – Responsible Agency Code
B.9	N/A	GS	GS08 - Version/ Release/ Industry ID Code	'004010X091A1' – Version/ Release/ Industry Identifier Code

5.4 GE – Functional Group Trailer

Communications transport protocol functional group trailer segment. This segment within the X12N implementation guide indicates the end of a functional group and provides control information concerning the batch of transactions. This segment may be thought of traditionally as the batch trailer record.

835 Health Care Claim Payment and Remittance Advice				
Page	**Loop**	**Segment**	**Data Element**	**Comments**
B.10	N/A	GE	GE01 – Number of Transaction Sets Included	Number of included Transaction Sets
B.10	N/A	GE	GE02 – Group Control Number	Must be identical to the value in GS06

5.5 ST – Transaction Set Header

Communications transport protocol transaction set header segment. This segment within the X12N implementation guide indicates the start of the transaction set and assigns a control number to the transaction. This segment may be thought of traditionally as the claim header record.

835 Health Care Claim Payment and Remittance Advice				
Page	**Loop**	**Segment**	**Data Element**	**Comments**
43	N/A	ST	ST01 – Transaction Set Identifier Code	'835' – Health Care Claim Payment/Advice
43	N/A	ST	ST02 – Transaction Set Control Number	Transaction Control Number

5.6 SE – Transaction Set Trailer

Communications transport protocol transaction set trailer. This segment within the X12N implementation guide indicates the end of the transaction set and provides the count of transmitted segments (including the beginning (ST) and ending (SE) segments). This segment may be thought of traditionally as the claim trailer record.

835 Health Care Claim Payment and Remittance Advice				
Page	**Loop**	**Segment**	**Data Element**	**Comments**
173	N/A	SE	SE01 – Number of Included Segments	Total number of segments included in Transaction Set including ST and SE.
173	N/A	SE	SE02 – Transaction Set Control Number	Must be identical to the value in ST02.

5.7 Valid Delimiters

The delimiters documented below will be used for Georgia Medicaid, unless otherwise requested by a trading partner.

Definition	**ASCII**	**Decimal**	**Hexadecimal**
Segment Separator	~	126	7E
Element Separator	*	42	2A
Compound Element Separator	:	58	3A

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6 Companion Guide For The 835 Transaction

835 Health Care Claim Payment and Remittance Advice				
Page	**Loop**	**Segment**	**Data Element**	**Comments**
45-46	N/A	BPR	BPR01 - Transaction Handling Code	'I' – Remittance Information Only 'H' – Notification Only
46	N/A	BPR	BPR02 - Monetary Amount (Total Actual Provider Payment Amount)	Check Amount - Total payment amount for paid and denied claims will always contain the correct total payment amount for the week. The total payment amount cannot exceed eleven characters, including decimals (99999999.99). Although the value can be zero, the 835 cannot be issue for less than zero dollars.
46	N/A	BPR	BPR03 - Credit/Debit Flag	'C' - Credit
46-47	N/A	BPR	BPR04 - Payment Method Code	'ACH' – Automated Clearing House 'CHK' – Check 'NON' – Non-Payment Data
50	N/A	BPR	BPR16 - Date (Check Issue or EFT Effective Date)	Cycle Date (CCYYMMDD)
52	N/A	TRN	TRN01 - Trace Type Code	'1' – Current Transaction Trace No.
53	N/A	TRN	TRN02 - Reference Identification (Check or EFT Trace Number)	RA Number if payment amount is zero. Check Number if payment is greater than zero.
53	N/A	TRN	TRN03 - Originating Company Identifier (Payer Identifier)	Georgia Medicaid Tax ID
61	N/A	DTM	DTM02 - Date (Production Date)	Cycle Date (CCYYMMDD)
63	1000A	N1	N102 - Name (Payer Name)	'DEPARTMENT OF COMMUNITY HEALTH –

835 Health Care Claim Payment and Remittance Advice				
Page	**Loop**	**Segment**	**Data Element**	**Comments**
				GEORGIA MEDICAID'
64	1000A	N3	N301 - Address Information	'PO BOX 105201'
65	1000A	N4	N401 - City Name	'TUCKER'
65	1000A	N4	N402 - State or Province Code	'GA'
65	1000A	N4	N403 - Postal Code	'30085'
70	1000A	PER	PER02 – Payer Contact Name	'EDI SERVICES TEAM'
70	1000A	PER	PER03 – Communication Qualifier	'TE' – Telephone
70	1000A	PER	PER04 – Payer Contact Communication Number	'8772618785'
71	1000A	PER	PER05 – Communication Qualifier	'TE' – Telephone
71	1000A	PER	PER06 – Payer Contact Communication Number	'7703259590'
73	1000B	N1	N103 - Identification Code Qualifier	'FI' – Federal Taxpayer's Identification Number 'XX' – Health Care Financing Administration National Provider Identifier
73	1000B	N1	N104 - Identification Code	If NM108='FI' - Federal Tax ID If NM108='XX' - NPI
77-78	1000B	REF	REF01 - Reference Identification Qualifier	'1D' – Medicaid Provider Number 'TJ' – Federal Tax ID
78	1000B	REF	REF02 - Reference Identification (Additional Payee Identifier)	If REF01='1D' – Georgia Medicaid Provider Number If REF01='TJ' – Provider Tax ID
89	2100	CLP	CLP01 - Claim	Patient Account Number

835 Health Care Claim Payment and Remittance Advice				
Page	**Loop**	**Segment**	**Data Element**	**Comments**
			Submitter's Identifier (Patient Control Number)	
90	2100	CLP	CLP02 - Claim Status Code	'1' – Processed as Primary (Regular Medicaid Claims) '2' – Processed as Secondary (Medicare Crossover Claims '4' – All Denied (Regular & Crossover) '22' – Reversal of Previous Payment
92	2100	CLP	CLP06 - Claim Filing Indicator Code	'MC' - Medicaid
93	2100	CLP	CLP11 - Diagnosis Related Group (DRG) Code	Institutional claims only
93	2100	CLP	CLP12 - Quantity (Diagnosis Related Group (DRG) Weight)	The diagnosis-related group (DRG) weight – Institutional claims only
97-100	2100	CAS	CAS02, CAS05, CAS08, CAS11, CAS14, CAS17 - Claim Adjustment Reason Code	Adjustment Code can be found on http://www.wpc-edi.com
97-100	2100	CAS	CAS03, CAS06, CAS09, CAS12, CAS15, CAS18 - Monetary Amount (Adjustment Amount)	Displays the Adjustment (cutback) Amount. The X12N 835 will contain information regarding the difference between the submitted charge, (Loop 2100 Segment CLP03) and the approved payment amount, (Loop 2100 Segment (CLP04). For example: If a provider bills $750.00 for a procedure that allows a maximum of $500.00, $250.00 will be reported as a cutback amount.
102	2100	NM1	NM101 - Entity Identifier Code	'QC' - Patient

835 Health Care Claim Payment and Remittance Advice				
Page	**Loop**	**Segment**	**Data Element**	**Comments**
103	2100	NM1	NM103 - Name Last or Organization Name	Member Last Name as stored on Georgia Medicaid file. If member not found on file, the value will be the member last name submitted on claim.
103	2100	NM1	NM104 - Name First	Member First Name as stored on Georgia Medicaid file. If member not found on file, the value will be the member first name submitted on claim.
103	2100	NM1	NM108 - Identification Code Qualifier	'MR' – Medicaid Member Identification Number
104	2100	NM1	NM109 - Identification Code	Georgia Member Medicaid ID
112	2100	NM1	NM101 - Entity Identifier Code	'82' – Rendering Provider
113	2100	NM1	NM108 - Identification Code Qualifier	'MC' – Medicaid Provider Number 'XX' – Health Care Financing Administration National Provider Identifier
113	2100	NM1	NM109 - Identification Code (Rendering Provider Identifier)	If NM108='MC' - Georgia Medicaid Provider Number If NM108='XX' - NPI
116	2100	NM1	NM101 - Entity Identifier Code	'PR' – Payer
117	2100	NM1	NM108 - Identification Code Qualifier	'PI' – Payer Identification
117	2100	NM1	NM109 - Identification Code (Corrected Priority Payer Identification Number)	TPL Carrier Code
119	2100	MIA	MIA01 - Quantity (Covered Days or Visits Count)	Default to '0' – Institutional only
120	2100	MIA	MIA04 - Monetary Amount (Claim DRG	Use this monetary amount for the DRG dollar amount. –

835 Health Care Claim Payment and Remittance Advice				
Page	**Loop**	**Segment**	**Data Element**	**Comments**
			Amount)	Institutional only
120	2100	MIA	MIA05 - Reference Identification (Remark Code)	HIPAA Remark Code for Inpatient and Institutional Regular and Crossover claims. Remark Codes can be found on http://www.wpc-edi.com
122	2100	MIA	MIA20 - Reference Identification (Remark Code)	HIPAA Remark Code for Inpatient and Institutional Regular and Crossover claims.
124	2100	MOA	MOA03 - Reference Identification (Remark Code)	HIPAA Remark Code for Outpatient/Professional Crossover claims. Remark Codes can be found on http://www.wpc-edi.com
124	2100	MOA	MOA04 - Reference Identification (Remark Code)	HIPAA Remark Code for Outpatient/Professional Crossover claims.
126-127	2100	REF	REF01 - Reference Identification Code	'EA' – Medical Record ID Number
127	2100	REF	REF02 - Reference Identification (Other Claim Related Identifier)	Medical Record ID Number as submitted on claim.
126-127	2100	REF	REF01 - Reference Identification Code	'SY' –SSN
127	2100	REF	REF02 - Reference Identification (Other Claim Related Identifier)	Member SSN
126-127	2100	REF	REF01 - Reference Identification Code	'9C' – Adjusted Repriced Claim Reference
127	2100	REF	REF02 - Reference Identification (Other Claim Related Identifier)	Adjusted ICN
126-127	2100	REF	REF01 - Reference Identification Code	'F8' – Original Reference Number
127	2100	REF	REF02 - Reference Identification (Other Claim Related Identifier)	Claim number of the original claim being replaced or voided.
131	2100	DTM	DTM01 - Date/Time	'232' – Claim Statement Period

835 Health Care Claim Payment and Remittance Advice				
Page	**Loop**	**Segment**	**Data Element**	**Comments**
			Qualifier	Start '233' – Claim Statement Period End
131	2100	DTM	DTM02 - Claim Date (CCYYMMDD)	If DTM01='232' value will contain Start Date. If DTM01='233' value will contain End Date If Invalid date received on original claim, value will contain default date of 19000101.
137	2100	QTY	QTY01 – Quantity Qualifier	'CA' – Covered (Actual) Used when Institutional Only
138	2100	QTY	QTY02 – Quantity	Covered Days Institutional only
140-141	2110	SVC	SVC01-1 - Product/Service ID Qualifier	'AD' – American Dental Association Codes 'HC' – Health Care Financing Administration Common Procedural Coding System 'N4' – National Drug Code (NDC) 'NU' – National Uniform Billing Committee (NUBC) UB92
141	2110	SVC	SVC01-3 to SVC01-6	Up to four (4) Procedure Code Modifiers per Detail.
143	2110	SVC	SVC06-1 - Product/Service ID Qualifier	Used if adjudicated procedure code provided in SVC01 is different from the submitted procedure code in the original claim. 'AD' – American Dental Association Codes 'HC' – Health Care Financing Administration Common Procedural Coding System 'N4' – National Drug Code (NDC)

835 Health Care Claim Payment and Remittance Advice				
Page	**Loop**	**Segment**	**Data Element**	**Comments**
				'NU' – National Uniform Billing Committee (NUBC) UB92
144	2110	SVC	SVC06-2 - Product/Service ID (Procedure Code)	Reports original code billed on claim.
144	2110	SVC	SVC06-3 to SVC06-6	Up to four (4) Procedure Code Modifiers per Detail.
145	2110	SVC	SVC07 - Quantity (Original Units of Service Count)	Units of Service are reported here if different than the original billed units.
150-153	2110	CAS	CAS02, CAS05, CAS08, CAS11, CAS14, CAS17 - Claim Adjustment Reason Code	Adjustment Code can be found on http://www.wpc-edi.com
150-153	2110	CAS	CAS03, CAS06, CAS09, CAS12, CAS15, CAS18 - Monetary Amount (Adjustment Amount)	Difference between the line billed charge and line Medicaid paid amount
154	2110	REF	REF01 - Reference Identification Qualifier	'6R' – Provider Control Number
155	2110	REF	REF02 - Reference Identification	Original Line Item Control Number from 837-claim line
156-157	2110	REF	REF01 - Reference Identification Qualifier	'1D' – Medicaid Provider Number 'HPI' - NPI
155	2110	REF	REF02 - Reference Identification	If REF01='1D' – Georgia Medicaid Provider Number If REF01='HPI' – NPI
158	2110	AMT	AMT01 - Amount Qualifier Code	'B6' – Allowed Actual
162	2110	LQ	LQ01 - Code List Qualifier Code	'HE' – Claim Payment Remark Codes
163	2110	LQ	LQ02 - Industry Code (Remark Code)	Remark Codes if needed to communicate additional information about the denial or adjustment of a claim or service

835 Health Care Claim Payment and Remittance Advice				
Page	**Loop**	**Segment**	**Data Element**	**Comments**
				line that cannot be thoroughly explained by a Claim Adjustment Reason Code. Remark Codes can be found on http://www.wpc-edi.com
165	Summary	PLB	PLB01 - Reference Identification (Provider Identifier)	Georgia Medicaid Provider Number or NPI
165	Summary	PLB	PLB02 - Date (Fiscal Period Date)	Accounts Receivable Financial Cost Settlement Fiscal Year End Date or Set-up date for A/R transaction. For a Negative Net Payment Amount this field contains the Remittance Date.
170 – 172	Summary	PLB	PLB04, PLB06, PLB08, PLB10, PLB12, and PLB14. Monetary Amount (Provider Adjustment Amount)	The monetary amount for the adjustment to the preceding adjustment code. Amount of increase/decrease OR amount received/recouped OR Negative Net Payment Amount. **Note:** As required for HIPAA compliance, only amounts that affect the remittance check amount will be reported in the PLB segment.